

GEORGIA DEPARTMENT OF REVENUE  
ALCOHOL AND TOBACCO DIVISION  
P.O. BOX 49728  
ATLANTA GA 30359

LOOSE AND SMOKELESS TOBACCO  
SHIPMENTS INTO GEORGIA BY  
MANUFACTURERS,  
IMPORTERS AND BROKERS

RETURN TO BE FILED  
ON OR BEFORE THE  
10<sup>TH</sup>  
DAY OF EACH MONTH

NAME OF DISTRIBUTOR	STATE LICENSE NO.	RETURN FOR THE MONTH AND YEAR OF
ADDRESS (STREET)		CITY / STATE / ZIP CODE

SCHEDULE OF LOOSE AND SMOKELESS TOBACCO SALES TO GEORGIA CUSTOMERS					
LINE #	INVOICE DATE	INVOICE NUMBER	SHIPPED TO NAME	CITY	LOOSE TOBACCO SMOKELESS TOBACCO
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					

AFFIDAVIT

I certify, under the penalties for filing false returns, that I am familiar with the statements made in this return and that the figures presented herein are true and correct to the best of my knowledge and belief, and is filed in accordance with the law.

Signature of Owner, Partner or Officer	Title	Date
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**SCHEDULE OF LOOSE AND SMOKELESS TOBACCO  
SHIPMENTS INTO GEORGIA (Continued)**

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LINE #	INVOICE DATE	INVOICE NUMBER	SHIPPED TO NAME	CITY	LOOSE TOBACCO	SMOKELESS TOBACCO
25.						
26.						
27.						
28.						
29.						
30.						
31.						
32.						
33.						
34.						
35.						
36.						
37.						
38.						
39.						
40.						
41.						
42.						
43.						
44.						
45.						
46.						
47.						
48.						

**INSTRUCTIONS**

Every Loose and Smokeless Tobacco manufacturer, importer and broker must complete a Loose and Smokeless Tobacco shipment report each month whether or not there are any shipments to report.

Mailing - Sign and date the original report and mail it with copies of all invoices to Georgia customers during the month to: Georgia Department of Revenue, Alcohol and Tobacco Division, P. O. Box 49728, Atlanta, Georgia 30359, on or before the 10<sup>th</sup> day of the following month for which the report is filed.